

PTO/SB/01 (10-00)

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NAME OF SOLE OR FIRST INVENTOR:

☐

A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any)) HENRY M.

Family Name

or Surname KRAUSE

Inventor's
Signature

Henry M. Krause

Date Mar 4/05

Residence: City Mississauga

State Ontario

Country Canada

Citizenship Canada

Mailing Address 6462 Osprey Blvd.

Mailing Address

City Mississauga

State Ontario

ZIP L5N 6E4

Country Canada

NAME OF SECOND INVENTOR:

☐

A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any)) ANDREW J.

Family Name

or Surname SIMMONDS

Inventor's
Signature

Andrew J. Simmonds

Date 2005/3/29

Residence: City Edmonton

State Alberta

Country Canada

Citizenship Canada

Mailing Address University of Alberta

Mailing Address 5-9 Medical Sciences Bldg.

City Edmonton

State Alberta

ZIP T6G 2H7

Country Canada

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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NAME OF SOLE OR FIRST INVENTOR:



A petition has been filed for this unsigned inventor

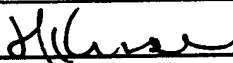
Given Name

(first and middle [if any]) HENRY M.

Family Name

or Surname

KRAUSE

Inventor's
Signature

Date Mar 4/05

Residence: City Mississauga

State Ontario

Country Canada

Citizenship Canada

Mailing Address 6462 Osprey Blvd.

Mailing Address

City Mississauga

State Ontario

ZIP L5N 6E4

Country Canada

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

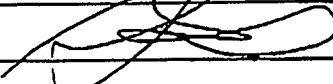
Given Name

(first and middle [if any]) ANDREW J.

Family Name

or Surname

SIMMONDS

Inventor's
Signature

Date 2005/3/29

Residence: City Edmonton

State Alberta

Country Canada

Citizenship Canada

Mailing Address University of Alberta

Mailing Address 5-9 Medical Sciences Bldg.

City Edmonton

State Alberta

ZIP T6G 2H7

Country Canada

☐ Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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| POWER OF ATTORNEY And CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | | | | |
| | Filing Date | | | | |
| | First Named Inventor | | Henry M. KRAUSE | | |
| | Title | | Trap-Tagging: A Novel Method for the Identification and Purification of RNA-Protein Complexes | | |
| | Art Unit | | | | |
| | Examiner Name | | | | |
| | | Attorney Docket No. | | 1889-00900 | |

I hereby appoint:

☒ Practitioners at Customer Number → 23505
OR
☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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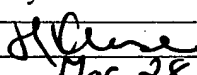
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I am the:

☒ Applicant/inventor.
 Under 37 CFR 3.73(b) Assignee certifies that it is:
☐ Assignee of record of the entire interest
Assignment Recorded at Reel/Frame

SIGNATURE of Applicant or Assignee of Record

| | |
|------------|---|
| Applicant: | Henry M. KRAUSE |
| Signature |  |
| Date | Mar 28th, 2005 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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PTO/SB/81 (06-03)

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| | | | |
|---|----------------------|---|--|
| POWER OF ATTORNEY And CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | | |
| | Filing Date | | |
| | First Named Inventor | Henry M. KRAUSE | |
| | Title | Trap-Tagging: A Novel Method for the Identification and Purification of RNA-Protein Complexes | |
| | Art Unit | | |
| | Examiner Name | | |
| | Attorney Docket No. | 1889-00900 | |

I hereby appoint:

☒ Practitioners at Customer Number → 23505
OR
☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

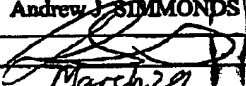
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| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | Fax | | |

I am the:
☒ Applicant/inventor.
Under 37 CFR 3.73(b) Assignee certifies that it is:
☐ Assignee of record of the entire interest
Assignment Recorded at Reel/Frame

SIGNATURE of Applicant or Assignee of Record

| | |
|------------|---|
| Applicant: | Andrew J. SIMMONDS |
| Signature |  |
| Date | March 29, 2005 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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